DOCUMENT RESUME

ED 346 644 EC 301 255

TITLE	Disability and the Family: A Look at Alcohol and Other Drug Abuse Prevention.
INSTITUTION	VSA Educational Services, Washington, DC. Resource Center on Substance Abuse Prevention and Disability.
SPONS AGENCY	Alcohol, Drug Abuse, and Mental Health Administration (DHHS/PHS), Rockville, MD. Office for Substance Abuse Prevention.
PUB DATE	Dec 91
NOTE	5p.; For related documents, see EC 301 244-257.
AVAILABLE FROM	Resource Center on Substance Abuse Prevention and Disability, 1331 F St., N.W., Suite 800, Washington, DC 20004 (braille, large print, and audiocassette versions also available).
PUB TYPE	Guides - Non-Classroom Use (055)
EDRS PRICE	MF01/PC01 Plus Postage.
DESCRIPTORS	Alcohol Abuse; *Disabilities; Drug Abuse; *Family Influence; *Family Relationship; *Intervention; Organizations (Groups); *Prevention; Resources; *Substance Abuse

ABSTRACT

This leaflet examines alcohol and other drug abuse prevention in individuals with disabilities and the influence of the family. It points out the family's potential negative reactions to a disability and reasons why a person with a disability uses alcohol or other drugs. Prevention guidelines for families are provided, such as expressing concerns in a caring but firm way and encouraging the child with a disability to become involved with a peer group. Four commonly held myths about individuals with disabilities and their families and the impact of drug use are noted and dispelled with factual information. Six organizational resources and three references are listed as sources of more information. (JDD)

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A Look at Alcohol and Other Drug Abuse Prevention and...

DISABILITY AND THE FAMILY

The diagnosis of a disability can be a powerful event impacting every family member. The negative reactions to a disability can include:

- shock;
- denial;
- anger;
- depression;
- resentment;
- guilt; and
- embarrassment (Shaw and McMahon, 1990).

Unfortunately, this already emotional process of adjustment is compounded when the family member with the disability also is abusing alcohol or other drugs. In fact, the emotional reactions to alcohol and other drug abuse in the family can be similar to those involving a disability.

People in general do not view someone with a disability as being at risk for problems from alcohol and other drugs, and parents or other family members frequently share this point of view. Families may overprotect or shelter their children with disabilities in an attempt to isolate them from knowledge about alcohol and other drugs. Such strategies work for only a limited time.

The reasons why a person with a disability uses alcohol or other drugs are similar to those of anyone else. These include:

- family consumption patterns;
- peer pressure;
- poor school experiences; and
- media messages which glamorize use.

Also, disability-specific influences may increase the pressure to use. These influences include social isolation, use of habit-forming medication, the presence of chronic pain, and excess free time.

At times, the harmful effects of alcohol and other drug abuse remain completely hidden from family members. This is because the family is focusing on the disability to the exclusion of other concerns. Sometimes it is possible to miss symptoms of abuse because disability-related problems can be similar to those generated through alcohol and other drug abuse. For example, family members may believe that medical problems, such as bed sores or recurring infections, are due strictly to a disability; when the main cause may be continued misuse of alcohol or other drugs. Even when family members recognize the cause, they may be unable or unwilling to explore some of the difficult actions necessary to address the problem.

EC 301255

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Prevention Guidelines for Families

Whether the family member is a youth or an adult, alcohol and other drug awareness is important. The following guidelines can be helpful for the entire family:

- Family members can become educated about alcohol and other drugs, including the special risks associated with disability. Information is available through reading, attending training sessions, talking to counselors or health educators, or attending self-help support meetings (such as peer groups or Al Anon or Alcoholics Anonymous). Dealing with disability and alcohol and other drug abuse are both difficult, with or without assistance. Families experiencing either or both of these conditions should not feel ashamed to ask for help from professionals.
- Families can seek out materials about alcohol and other drug use or abuse for the child with a disability. Select educationally appropriate materials when possible. Watch television specials, documentaries, or attend training which educate youth about alcohol and other drug abuse. These types of materials are available through the library, schools, health departments, and other agencies.
- Families should encourage their child with a disability to become involved with a peer group. It is also important to support a child's efforts toward independence. Young people with disabilities should be provided with opportunities to make their own decisions. Family members can be supportive by giving the person with the disability the right to learn from his or her mistakes.
- The person with a disability needs to understand the mixed messages that he or she receives about alcohol or other drug use. Children learn about use of alcohol or other drugs from their peers, advertisements, the medical system, and from cultural attitudes. Sometimes, these messages provide conflicting information. For example, parents may oppose alcohol and other drug use, but television shows and movies may glamorize use.
- If family members are concerned about the alcohol or other drug use of the person with a disability, those concerns should be expressed in a caring but firm way. Boundaries and logical consequences should be set regarding alcohol or other drug use. The consequences should be stated in advance, be enforceable, and age-appropriate.

The presence of a person with a disability and also involved in substance abuse or the presence of two family members, one of which has a disability while the other is involved in substance abuse, hits the family with a "double whammy." The stress created by the presence of a disability in the family is significant. To add substance abuse on top of it, increases the stress on a family geometrically. The stresses intertwine. The coping and corrective strategies become so complex as to be overwhelming.

It's really hard to practice "letting go" and/or "tough love" on a family member who has a disability. The emotional impact is exacerbated by a lack of objectivity...in other words, "it's tough going."

—Patricia McGill Smith
Executive Director
National Parent Network on Disabilities
Alexandria, VA

MYTHS & **FACTS**

MYTH: *The presence of a disability does not alter an individual's risk for alcohol and other drug abuse problems.*

FACT: There are a number of factors associated with disabilities which can increase risk for alcohol and other drug abuse. These include social isolation, lack of peer groups, medication problems, societal overcompensation which enables abuse, and chronic medical conditions.

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MYTH: *Family members don't need to make adjustments or alter behaviors when a family member is both disabled and an alcohol and other drug abuser.*

FACT: Either of these conditions can dramatically alter family interaction. When both are present, very serious problems can result, including alienation and breakdowns in the family unit. This is an appropriate time to seek professional assistance from someone who understands the issues involved. Such people can be located by making inquiries at medical rehabilitation units, disability-specific agencies, and publicly funded alcohol and drug organizations.

MYTH: *Family members cannot influence an alcohol and other drug abuser to seek assistance unless that person wants to be helped.*

FACT: The alcohol and other drug abuser in almost every case requires some form of pressure to see the need for change. Alcohol and other drug abuse is more likely to stop when there are firm boundaries and the enforcement of consequences. The use of professional intervention also can be very effective in promoting positive change.

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MYTH: *When the person stops using alcohol and other drugs, the accompanying problems for the family cease.*

FACT: The most urgent and serious problems tend to subside when alcohol and other drug abuse no longer occurs. However, the problems created during the abuse, such as loss of trust, will continue until the family comes to terms with these issues. If the alcohol and other drug abuse occurred prior to the onset of disability, the member with a disability also may need time to adjust, since the use of alcohol and other drugs prevents normal psychological adjustment to disability. Families have found that counseling or involvement in support groups is helpful at such times.

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For More INFORMATION

Resources

In the area of family and disability:

National Information Center for Children and Youth with Disabilities (NICHCY)
P.O. Box 1492
Washington, D.C. 20013
(703) 893-6061 or (800) 999-5599
(703) 893-8614 TDD

National Parent Network on Disabilities
1600 Prince Street, #115
Alexandria, VA 22314
(703) 684-6763

Beach Center on Families and Disability
c/o Institute for Life Span Studies
3111 Haworrth Hall
Lawrence, KS 66045
(913) 864-7600
(913) 864-7605 TDD

In the area of family and alcohol and other drug abuse:

Association for the Care of Children's Health
7910 Woodmont Ave, Suite 300
Bethesda, MD 20814-30115
(301) 654-6549

Kids are Special
535 Race St.
San Jose, CA 95126
(408) 995-6633

National Drug Information Center of Families in Action
2296 Henderson Mill Rd.
Suite 204
Atlanta, GA 30345
(404) 934-6364

References

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Seaton, D.J., and David, C.O. (1990). Family role in substance abuse and traumatic brain injury rehabilitation. *Journal of Head Trauma Rehabilitation*, 5 (3), 41-46.

Shaw, L., and McMahon, B. (1990). Family-staff conflict in the rehabilitation setting: Causes, consequences and implication. *Brain Injury*, 4 (1), 87-93.

This information was developed as a part of a set of materials on alcohol and other drug abuse prevention and disability. Other documents on specific topics are available upon request.
Produced by VSA Educational Services, Resource Center on Substance Abuse.Prevention and Disability.
Funded by the U.S. Department of Health and Human Services, Office for Substance Abuse Prevention, Division of Communication Programs.
12/91